

**KING COUNTY ASTHMA
PROGRAM**

Medicaid Eligible Children
with Asthma
January 2010

ID #: _____

**ELIGIBILITY PHONE SCREENING
QUESTIONNAIRE**

Q#	SECTION A (A) - INTERVIEW COVER SHEET	RESPONSE	
	Make 3 attempts to connect with participant before closing file.	Action	
Call Log	<p>Call 1: <input type="checkbox"/> Complete <input type="checkbox"/> Left Message <input type="checkbox"/> Left Message to call KCAP <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong Number <input type="checkbox"/> Disconnected <input type="checkbox"/> Wants call back: _____</p> <p>Call 2: <input type="checkbox"/> Complete <input type="checkbox"/> Left Message <input type="checkbox"/> Left Message to call KCAP <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong Number <input type="checkbox"/> Disconnected <input type="checkbox"/> Wants call back: _____</p> <p>Call 3: <input type="checkbox"/> Complete <input type="checkbox"/> Left Message <input type="checkbox"/> Left Message to call KCAP <input type="checkbox"/> No Answer <input type="checkbox"/> Wrong Number <input type="checkbox"/> Disconnected <input type="checkbox"/> Wants call back: _____</p>	<p>Final Disposition</p> <p>Completed eligibility interview <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused</p> <p>Participant Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused</p> <p>Completion date _____</p>	<p>C1: _____ C1: _____ C1: _____</p>
	Baseline Visit Scheduled: <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO IF YES: _____ DATE/TIME		
A1.	INTERVIEWER'S INITIALS: _____	A1	
A2.	CAREGIVER'S NAME: First: _____ Last: _____	A2	
A3.	CHILD'S NAME: First: _____ Last: _____	A3	
A4.	DATE OF BIRTH _____ Month / Day / Year Calculated age _____ (if 3 or <18 then eligible) IF ≥ 18 not eligible	A4	
A5.	CHILD'S GENDER: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____A5	
A6.	LANGUAGE OF INTERVIEW: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	_____A6	
A7.	PHONES: Home: _____ Cell: _____ Work: _____ Email: _____	_____A7	
A8.	Which one of the following best describes the child's relationship with you? <input type="checkbox"/> 1 I am the child's biological parent <input type="checkbox"/> 2 I am a relative of the child <input type="checkbox"/> 3 I am the child's foster parent (Not Eligible if Under Foster Care) <input type="checkbox"/> NE <input type="checkbox"/> 4 Other: _____ (example: guardian)	_____A8	
A9.	May we leave a message: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No IF YES: <input type="checkbox"/> 1 Work <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Cellular <input type="checkbox"/> 4 Both	_____A9	
A9a.	Day of the Week <input type="checkbox"/> 1 Mon <input type="checkbox"/> 2 Tue <input type="checkbox"/> 3 Wed <input type="checkbox"/> 4 Thurs <input type="checkbox"/> 5 Fri <input type="checkbox"/> 6 Sat <input type="checkbox"/> 7 Sun <input type="checkbox"/> 8 No Preference	_____A9a	
A9b.	Time of Day <input type="checkbox"/> 1 8am – 10 am <input type="checkbox"/> 2 10 am – 12 noon <input type="checkbox"/> 3 12 noon – 2 pm <input type="checkbox"/> 4 2 pm – 5 pm <input type="checkbox"/> 5 after 5 pm <input type="checkbox"/> 6 Anytime	_____A9b	
	IF SELF REFERRAL: Address: _____		

Q#	SECTION 1 - INTRODUCTION- (I)	RESPONSE
	Hello, this is [CHW] from the King County Asthma Program, Public Health Seattle-King County. Is [Caregiver's Name] available?	READ
10.	<p>I am contacting you regarding a free service for children with asthma and I want to ensure that I am speaking to the proper individual. Are you the legal guardian of [child's name] ?</p> <p><input type="checkbox"/> Yes: Continue</p> <p><input type="checkbox"/> No: read the scripts for “NO” below.</p>	_____ 10
11.	<p><input type="checkbox"/> Yes: caregiver answers the phone - ⇒Skip to 1.2.</p> <p><input type="checkbox"/> No: inbound call ⇒Skip to 1.3</p> <p><input type="checkbox"/> No: read one of the following scripts:</p> <p>Able to schedule a call back:</p> <p>“When would be a good time to call back to talk to _____ [person's name]?”</p> <p>Great! Will you let them know, I'll try calling them again about _____ [specific time/date – later the same day].</p> <p>Unable to schedule call back:</p> <p>“If they want to call me, do you have a pencil and paper? They can call me at 206-263-XXXX Did you get that number ok?”</p> <p>“Please let them know that Public Health is able to help families with asthma with a free service. The project provides you with information and tools to control asthma.”</p>	_____ 11
	Record call back information on the cover sheet	ACTION
12.	<p>(Caregiver's name), this is (CHW) is now a good time to talk?</p> <p><input type="checkbox"/> YES: <input type="checkbox"/> NO: “I'll call you again at _____ [specific time/date – later the same day]. Please write this appointment time down on a calendar so you will be sure to remember.”</p> <p><input type="checkbox"/> Participant Wants to call back: If you want to call me, do you have a pencil and paper? You can call me at 206-263-XXXX. Did you get that number ok?</p>	_____ 12
13.	<p>I am [name] from Public Health– Seattle & King County, working on the Medicaid Home Visit asthma project which is a program that provides home visit services to Medicaid children with asthma and: <u>(based on the cover sheet answer)</u> Check One:</p> <p><input type="checkbox"/> I am following up with you because your doctor or health plan sent you a letter about this free program for children with asthma.</p> <p><input type="checkbox"/> I am following up with you because one of your providers at an agency thought you might be interested in this program.</p> <p><input type="checkbox"/> I am following up with you because you left a message on the King County Asthma Program answering machine about your interest in the asthma program.</p>	_____ 13

- ☐4 I am following up with you because your child was **recently hospitalized** for asthma.
- ☐5 I am following up with you because your child was **recently a patient in the emergency dept.** for asthma.

14. I would like to tell you more about the project and ask some questions to see if you are eligible for the program. The questions will take about 15 minutes of your time. Is that okay? _____ 14

☐1 YES: Please make yourself comfortable and get a pencil and paper and a calendar. This might help with the answering the questions I ask.

☐2 NO: doesn't want to continue: explore reason

☐If not enough time, reschedule _____

☐If unsure about participating: explore reasons and tell participant about the benefits
_____[reasons]

Can I continue with asking the questions?

☐1 YES: Program overview, next section

☐2 NO: Would you like to think about it and get a call back?

☐1 YES: When would be a good time to call you back: _____

☐2 NO Thank you for your time. If you should decide later you would like to enroll please call: 206-263-XXXX, or talk to your doctor.

☐2 NO: Thank you for your time. If you should decide later you would like to enroll your child please call: 206-263-XXXX or talk to your doctor.

☐IF not interested: Share the benefits of participating.

Can I continue with asking the questions?

☐1 YES:

☐2 NO Thank you for your time. If you should decide later you would like to enroll please call: 206-263-XXXX, or talk to your doctor.

☐3 NO Thank you for your time. Would it be okay to call you back in about 2 months to see if you are interested?

☐1 YES: _____

☐2 NO Thank you for your time. If you should decide later you would like to enroll please call: 206-263-XXXX, or talk to your doctor.

Record on face
sheet

PROGRAM OVERVIEW

Overview

Before we get started, I want to let you know a couple of things. If you are not eligible, we will let you know right away. Your answers to the questions we are going to ask are entered into a secure data base where only study staff has access. We also have a paper copy of your answers which we put in a file and keep in a locked cabinet that only study staff can unlock. If you do NOT want us to keep your personal identifiable information let me know and we will remove all identifiers such as your name, address, phone number, birth date from your responses to the questions immediately from the data base and the hard copy. We would like to keep your answers to the screening questions because it helps us understand why someone is not eligible or not interested in participating in our program.

This research program that focuses on children with asthma from 3 to 17 years of age and their parents/caregivers who live in King County and are low income. If your child's asthma is not well controlled s/he may qualify. If you and your child are eligible for this study, we will come to your home to give you a consent form to read. Our community health worker will go over the form with you and answer your questions. If you decide to participate, we'll ask you to sign the form. You will be assigned to one of two groups. One group gets services right away and the other gets all services in 12 months. This assignment is by chance like a flip of a coin. The services include in home education visits by a community health worker who will work with you to understand changes you can make in your home to reduce your child's asthma triggers and learn ways to improve control of your child's asthma. You will receive tools and supplies such as vacuum cleaner and bedding covers for your child to help lower asthma triggers.

READ

Do you have any questions?

☐ **Yes: answer as appropriate** ☐ **No: continue**

Are you interested in participating in the study?

☐ **Yes: continue** ☐ **No: Thank you for your time, if you should change your mind, please call 206-263-8182. thank you**

Q#	SECTION 1 – ASTHMA SYMPTOMS (AS)	ELIGIBLE	NOT ELIGIBLE	RESPONSE
	I have some questions to ask you about your child's asthma symptoms and medication.			READ
AS1.	Has a doctor ever diagnosed your child with asthma? <input type="checkbox"/> Yes, <input type="checkbox"/> No: NOT ELIGIBLE <input type="checkbox"/> Don't Know		<input type="checkbox"/> NE	_____ AS1
	Asthma symptoms include wheezing, coughing, tightness in the chest, shortness of breath, waking up at night because of asthma symptoms, and slowing down of usual activities. Now I am going to ask you about each of the specific types of asthma symptoms. [IF THE PARTICIPANT SAYS "YES" TO ANY OF THE FOLLOWING QUESTIONS—THEY ARE ELIGIBLE FOR THE STUDY]			READ
AS2.	During the daytime, in the last 14 days how many days did your child have asthma symptoms such as wheezing, shortness of breath, or tightness in the chest, or cough? Number of days: _____ <input type="checkbox"/> > 4 DAYS Eligible <input type="checkbox"/> ≤ 4 days <input type="checkbox"/> Don't Know	<input type="checkbox"/> E		_____ AS2 Days
AS3.	Does your child have some limitation with normal activities because of his/her asthma? (Have to slow down or stop you play or usual activities) because of asthma, wheezing or tightness in the chest, or cough. <input type="checkbox"/> Not limited <input type="checkbox"/> some limits Eligible <input type="checkbox"/> extremely limited Eligible <input type="checkbox"/> Don't Know	<input type="checkbox"/> E		_____ AS3 Number
AS4.	During the nighttime in the last 14 nights, how many nights did your child wake up because of asthma symptoms such as wheezing, shortness of breath, or tightness in the chest, or cough? Number of nights: _____ <input type="checkbox"/> >1 Night Eligible <input type="checkbox"/> ≤ 1 Night <input type="checkbox"/> Don't Know	<input type="checkbox"/> E		_____ As4 Nights
AS5.	During the past 14 days, about how many days did your child use asthma rescue medicines (sometime called quick relief medicines) such as Albuterol, Proventil, or Ventolin? Number of days: _____ <input type="checkbox"/> >4 DAYS Eligible <input type="checkbox"/> ≤ 4 days <input type="checkbox"/> Don't Know	<input type="checkbox"/> E		_____ As5 Days
AS6.	During the past 12 months, that is, since _____, on how many separate occasions did your child have to take steroid medicine pills for several days because his/her asthma got worse? <input type="checkbox"/> >1 Time per year Eligible <input type="checkbox"/> ≤ 1 per year	<input type="checkbox"/> E		_____ As6 Times

AS7	Has your child been hospitalized or gone to the emergency room over the past six months because of his/her asthma? <u>(Calculate 6 months from the interview date)</u>	<input type="checkbox"/> E	_____ AS7
	<input type="checkbox"/> ₁ Yes <u>Eligible</u> <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ Not Asked <input type="checkbox"/> ₉₉ don't Know/Unsure		
	If none of the above E boxes are checked, the child is not eligible.	<input type="checkbox"/> NE	
	<i>CONTINUE</i>		

Q#	SECTION 3 - OTHER MEDICAL CONDITIONS – (MC)	NOT ELIGIBLE	RESPONSE
	<i>Now I am going to ask you about other health problems your child might have. If you don't know or do not want to answer, just let me know and we will go to the next question.</i>		READ
MC1.	Does your child have any serious chronic medical conditions like poorly controlled sickle cell disease or cystic fibrosis? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <u>ELIGIBLE</u> <input type="checkbox"/> ₉₈ Not Asked <input type="checkbox"/> ₉₉ don't Know/Unsure	<input type="checkbox"/> NE	_____ MC 1
MC1a	<input type="checkbox"/> IF Yes: what is the condition or conditions? _____		_____ MC1a
MC2.	Do you have any health conditions that would limit your ability to participate in the asthma program at this time?		_____ MC 2
	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ Not Asked <input type="checkbox"/> ₉₉ don't Know/Unsure		
MC2a	IF Yes: Can we call you back in two months to check back if you will be able to participate by then?		_____ MC 2a
	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No Note: _____ Phone number and colateral phone number. Record at the end of the form.		
MC3.	How important is controlling your child's' asthma at this time?		_____ MC3
	<input type="checkbox"/> ₁ Not at all Important(<u>not eligible</u>) <input type="checkbox"/> ₂ Somewhat Important <input type="checkbox"/> ₃ Important		
	<input type="checkbox"/> ₄ Very Important <input type="checkbox"/> ₅ Extremely Important		
MC3a	If not at all important: Can we call you back in two months to check back if you will be able to participate by then? _____		_____ MC3A
	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No Phone number and colateral phone number. Record at the end of the form.		
Q#	SECTION 4 - OTHER ELIGIBILITY QUESTIONS – (OE)		RESPONSE

OE1.	Is your child currently enrolled in another asthma research study?	<input type="checkbox"/> NE	_____ OE1
	<input type="checkbox"/> ₁ Yes <u>NOT ELIGIBLE</u> <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ Not Asked <input type="checkbox"/> ₉₉ Don't Know/Unsure		
OE1a	<input type="checkbox"/> IF Yes: what is the name of the study _____ who sponsors _____ <u>NOT ELIGIBLE</u>		
OE2.	Have you completed an asthma class or program in the past three years? By a class or program, I mean learning about how to take care of your asthma by attending a class or program several times over a several week period.	<input type="checkbox"/> NE	_____ OE2
	<input type="checkbox"/> ₁ Yes <u>NOT ELIGIBLE.</u> <input type="checkbox"/> ₂ No		
OE3.	Do you plan on moving out of King County in the next year?	<input type="checkbox"/> NE	_____ OE3
	<input type="checkbox"/> ₁ Yes <u>NOT ELIGIBLE.</u> <input type="checkbox"/> ₂ No <input type="checkbox"/> Don't Know		

OE4. Do you live in a home or are you now homeless?
☐₁ Live in a home ☐₂ Homeless **NOT ELIGIBLE**

☐ NE

_____ OE4

Q# SECTION 5 - INCOME ELIGIBILITY - (IE)
RESPONSE

Now I would like to ask you about your total combined HOUSEHOLD income – that is, money before taxes from jobs, social security, unemployment, public assistance, interest and so forth. It includes your income and the income of any others you live with who contribute income. I need to ask because this project works with people who have low incomes, so I need to figure out if your income qualifies for this program.

READ

IE1. First, including you, how many people, including both adults and children, are living in your household that are supported by your total combined household income?

IE1 _____

[Circle family size and then check if their income level was more than the annual income in column A or the monthly income in column B]

Is your annual total household income more than A? (If the respondent only reports monthly income, then use the income in column B)

☐₁ Yes, more than A or B. ☐₂ No, less than A or B

IE2.

We will still ask the income question but it will not be used for eligibility determination. Instead, IE3 will be used to determine eligibility.

IE2. _____

Persons in Family or Household	A Annually	B Monthly
1	\$27,075	\$2,256
2	\$36,425	\$3,035
3	\$45,775	\$3,815
4	\$55,125	\$4,594
5	\$64,475	\$5,376
6	\$73,825	\$6,152
7	\$83,175	\$6,931
8	\$92,525	\$7,710
For each additional person, add	\$9,350	\$779

IE3a.	<i>Are you on Medicaid:</i> <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <u>NOT ELIGIBLE.</u>	<input type="checkbox"/> NE _____ IE3a
IE3b.	Can you provide evidence that [child] is on Medicaid? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <u>NOT ELIGIBLE.</u> Or, What is [child] Medicaid number? _____ If cannot provide the Medicaid number, NOT ELIGIBLE.	<input type="checkbox"/> NE _____ IE3b
IE3c.	Which healthcare provider to you belong to? <input type="checkbox"/> ₁ MOLINA <input type="checkbox"/> ₂ COMMUNITY HEALTH PLAN OF WASHINGTON <input type="checkbox"/> ₃ Neither (<u>NOT ELIGIBLE</u>)	<input type="checkbox"/> NE _____ IE3c

Q#	SECTION 6 – <u>ELIGIBLE- (E)</u>	RESPONSE
E1.	<i>Thank you for your time, based on your answers your child is:</i> <input type="checkbox"/> ₁ Eligible <input type="checkbox"/> ₂ NOT Eligible <input type="checkbox"/> ₃ UNCERTAIN about Eligibility	_____ E1
E2.	Eligible for the study. The next step is to schedule an appointment with a Community Health Worker to come to your home. If you agree to be in the study, the visit may take from ½ hour to 2 hours. You will be asked a number of questions about your child's health and asthma. What is the best day and time for the CHW to come to your home in the next two weeks? Date: _____ Time: _____	_____ E2
	<i>I have a few additional questions to ask.</i> ➔ SKIP TO ALTERNATE CONTACTS SECTION	READ ACTION
SECTION 7 - <u>ELIGIBILITY UNCERTAIN</u>		RESPONSE
	<i>Read closing script 2.</i> Uncertain of Eligibility: I need to check on the question(s) you were unsure of or I need to get approval from the study director and get back to you. I will try to let you know if you are eligible for the study within 3 working days. I also may need to confirm your child's asthma diagnosis with his/her provider. Is it ok with you, if the study manager contacts your provider? <input type="checkbox"/> ₁ Yes: what is your provider's name and phone number? _____ I will call you back after the study manager has talked with your child's provider. <input type="checkbox"/> ₂ No: I need to confirm your child's asthma diagnosis for you to be part of the study. If you change your mind about the study manager talking to your child's provider please call 206-263-8199 and let us know.	READ

Q#	SECTION 8 - NOT ELIGIBLE	RESPONSE
NE1.	<p>Based on the answers you have given me, your child is not eligible for the program at this time. If you would like information about how to manage your asthma better, please call the local American Lung Association at (206) 441-5100.</p> <p>If your child's asthma control changes in the future and has more problems with asthma, you may be eligible for the program. Would you like us to call you in 2-3 months to see how you are doing and if you are eligible for the program at that time?</p> <p><input type="checkbox"/> Yes: great I will give you a call in 2-3 months to do another assessment</p> <p><i>Complete alternate contact information below</i></p> <p><input type="checkbox"/> No: Thank you for your time.</p> <p>Return this completed form to AS II after recording eligibility interview results on front page. If the participant requested resource list or referrals, check below for referrals made.</p> <p>_____ American Lung Association (1)</p> <p>_____ Public Health Clinic, Indicate which one (2) _____</p> <p>_____ Other (3) _____</p>	<p>READ</p> <p>_____ NE1</p>
Q#	SECTION 9 - ALTERNATE CONTACT FOR <u>ELIGIBLE</u>	RESPONSE
	<p>This is a one year study and during that time some people may move or change phone numbers. Are there two people you know that <u>DON'T LIVE WITH YOU</u> who might be able to help us stay in touch with you in case we do not have your correct phone number or address?</p> <p><input type="checkbox"/> Declined</p> <p>1. CONTACT NAME: First: _____ Last: _____</p> <p>ADDRESS: Street: _____ City: _____ Zip Code: _____</p> <p>Home Phone: (____) _____ - _____ Cell phone: (____) _____ - _____</p> <p>Relationship to you: _____</p> <p>2. CONTACT NAME: First: _____ Last: _____</p> <p>ADDRESS: Street: _____ City: _____ Zip Code: _____</p> <p>Home Phone: (____) _____ - _____ Cell phone: (____) _____ - _____</p> <p>Relationship to you: _____</p>	<p>READ</p> <p>___DECLINED</p>
Q#	SECTION 10 - CONCLUDING THE PHONE SCREENING FOR ELIGIBLE PARTICIPANTS - (C)	RESPONSE
	<p><i>I'd like to review with you the parts of the research and see if you're interested in participating. This might be a review of something you've read or heard. If you have any questions, just let me know.</i></p>	<p>READ</p>

	<p>Here are some key points:</p> <ul style="list-style-type: none"> If you agree to take part in the study, a CHW will come to your home. The CHW will give you more information about the study and the asthma program. Then, if you agree to take part, you will be asked to sign the study consent form. At that time we will assign you to one of two service groups. If you are in the group that gets services right away, the visit will last about 2 hours. If you are in the group that gets services in one year, the visit will last about ½ hour. We will collect information about your child’s asthma and look around your home environment for asthma triggers. 	READ
C1.	<p>Do you have any questions?</p> <p><input type="checkbox"/>₁ YES: answer questions as needed, continue</p> <p><input type="checkbox"/>₂ NO: continue</p>	_____ C2
C2.	<p>Are you interested in participating?</p> <p><input type="checkbox"/>₁ Yes: schedule enrollment visit</p> <p><input type="checkbox"/>₂ NO: thank you for your time.</p> <p>“If you should decide later that you would like to enroll please call: 206-263-XXX or talk to your doctor.”</p> <p><input type="checkbox"/>₉₈ Not Asked <input type="checkbox"/>₉₉ Don’t Know/Unsure</p>	_____ C1